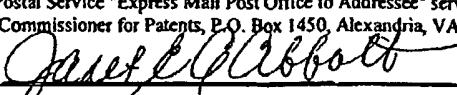


22785

UTILITY PATENT APPLICATION TRANSMITTAL <small>(For new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. SO-0033US NA
First Named Inventor or Application Identifier Jing-Chung Chang		
EXPRESS MAIL CERTIFICATE		
EXPRESS MAIL® MAILING LABEL NUMBER EL 810960830 US		DATE OF DEPOSIT: January 6, 2004
I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Mail Stop: Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.		
NAME OF PERSON MAILING PAPER OR FEE (TYPE OR PRINT) Janet E. Abbott		SIGNATURE SIGN 

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>		9. <input checked="" type="checkbox"/> The Title of the Invention: PROCESS FOR PREPARING POLY(TRIMETHYLENE TEREPHTHALATE) FIBER														
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account No. 04-1928 . <input checked="" type="checkbox"/> General Authorization to charge any and all fees under 37 CFR 1.16 or 1.17, including petitions for extensions of time, relating to this application. (37 CFR 1.136(a)(3)) <i>(Submit an original, and a duplicate for fee processing)</i>		10. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies d. <input type="checkbox"/> Use the identical computer-readable form filed in Application No. _____, filed _____ as the computer-readable form for the instant application. (37 CFR 1.821(e))														
2. <input type="checkbox"/> A Check in the Amount of \$ _____ is enclosed <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required and credit any overpayment to Deposit Account 04-1928 .		6834 10/7/04 S.399 P.T.10 010604														
3. <input checked="" type="checkbox"/> The total fee is calculated as shown below: <table><tr><td>Basic Filing fee</td><td>\$ 770.00</td></tr><tr><td>Total Claims 42 - 20 = 22 x \$18</td><td>\$ 396.00</td></tr><tr><td>Independent Claims 2 - 3 = 0 x \$86</td><td>\$ 0.00</td></tr><tr><td><input type="checkbox"/> Multiple Dependent Claim present</td><td>\$ 0.00</td></tr><tr><td>TOTAL FILING FEE</td><td>\$ 1166.00</td></tr><tr><td colspan="2"><input type="checkbox"/> Cancel in this application original claims to of the prior application before calculating the filing fee.</td></tr><tr><td colspan="2">Charge \$ _____ to the above indicated Deposit Account.</td></tr></table>		Basic Filing fee	\$ 770.00	Total Claims 42 - 20 = 22 x \$18	\$ 396.00	Independent Claims 2 - 3 = 0 x \$86	\$ 0.00	<input type="checkbox"/> Multiple Dependent Claim present	\$ 0.00	TOTAL FILING FEE	\$ 1166.00	<input type="checkbox"/> Cancel in this application original claims to of the prior application before calculating the filing fee.		Charge \$ _____ to the above indicated Deposit Account.		11. <input type="checkbox"/> ACCOMPANYING APPLICATION PARTS a. <input type="checkbox"/> Information Disclosure Statement (IDS) b. <input type="checkbox"/> PTO-1449 c. <input type="checkbox"/> Copies of all IDS Citations
Basic Filing fee	\$ 770.00															
Total Claims 42 - 20 = 22 x \$18	\$ 396.00															
Independent Claims 2 - 3 = 0 x \$86	\$ 0.00															
<input type="checkbox"/> Multiple Dependent Claim present	\$ 0.00															
TOTAL FILING FEE	\$ 1166.00															
<input type="checkbox"/> Cancel in this application original claims to of the prior application before calculating the filing fee.																
Charge \$ _____ to the above indicated Deposit Account.																
4. <input checked="" type="checkbox"/> Specification excluding Drawings [Total Pages] 25		12. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))														
5. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets] 2		13. <input type="checkbox"/> Prior Application is Assigned to: E.I. du Pont de Nemours and Company <i>(for continuation/divisional with Box 20a completed)</i>														
6. <input checked="" type="checkbox"/> Declaration and Power of Attorney [Total Pages] 4 a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 19a completed)</i> c. <input checked="" type="checkbox"/> Unsigned Declaration <i>[Note Box 6 below]</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		14. <input type="checkbox"/> Preliminary Amendment														
7. <input checked="" type="checkbox"/> Application Data Sheet 37 CFR 1.76		15. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>														
8. <input type="checkbox"/> Incorporation By Reference <i>(useable if Box 6b is checked)</i> The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 6b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.		16. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>														
20. Priority Information, check appropriate box and supply the requisite information		17. <input type="checkbox"/> Transfer all references cited by Applicants or by the Examiner from the parent Application Serial No. filed. A PTO-1449 listing the references is enclosed.														
a The accompanying application is a <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) Of prior application No: filed _____ Examiner: _____ Group/Art: _____		18. <input type="checkbox"/> Applicant Claims Small Entity Status														
		19. <input type="checkbox"/> Other: _____														

21. CORRESPONDENCE ADDRESS <input checked="" type="checkbox"/> Customer Number: 23906 Address E.I. du Pont de Nemours and Company		22. RESPECTFULLY SUBMITTED, Signature _____ Name Steven H. Markowitz Date January 6, 2004 Registration No. 27,095
Telephone (302) 984-6139 Fax (302) 658-1192		